MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10715

10711 CERTIFICATE OF DEATH

Reg. Dist. No. 92

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 21 Elkton
LENGTH OF STAY (in this place) 40 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Devine Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton 21
STREET ADDRESS (If rural give location) 136 Moffett St 1

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Ellen (Last) Boyd.

4. DATE OF DEATH: (Month) Nov. (Day) 1 (Year) 1955

5. SEX: F

6. COLOR OR RACE: Wh

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: January 22, 1869

9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10B. KIND OF BUSINESS OR INDUSTRY: House Wife

11. BIRTHPLACE (State or foreign country): Harre de Grace Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Patric Conners

14. MOTHER'S MAIDEN NAME: Mary OBrine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mary A. Boyd, 136 Moffett St Elkton, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X

IMMEDIATE CAUSE (A) Cardio-vascular-renal disease

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) complicated by terminal

DUE TO (C) Bronchio-pneumonia

INTERVAL BETWEEN ONSET AND DEATH: Oct 4 to Nov. 1 —

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 4, 1955 to Nov 1, 1955, that I last saw the deceased alive on Nov 1, 1955, and that death occurred at 8:40 P. M, from the causes and on the date stated above.

SIGNATURE Milford H. Sprecher M. D. ADDRESS Elkton, Md DATE SIGNED Nov. 2, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 11/4/55

NAME OF CEMETERY OR CREMATORY: Mt Erin Cemetery

LOCATION (City, town, or county) (State): R.D. Harre de Grace Md

DATE REC'D BY LOCAL REGISTRAR: Nov 4

REGISTRAR'S SIGNATURE: A R Frazer

24. FUNERAL DIRECTOR: Pippin Funeral Home ADDRESS: 259 E Main St Elkton Md

W. A. Lewis

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10712 CERTIFICATE OF DEATH

Reg. Dist. No. 10716 / 12

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton Cecil Co
LENGTH OF STAY (in this place) All life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton-246 E. Main St
STREET ADDRESS (If rural give location) Elkton, Md.

3. NAME OF DECEASED: (First) John (Middle) H oward (Last) Davis
4. DATE OF DEATH: (Month) Nov (Day) 16th (Year) 19 55

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Dec 20th 1896
9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant
10B. KIND OF BUSINESS OR INDUSTRY: Genl Hardware
11. BIRTHPLACE (State or foreign country): Elkton Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John H. Davis
14. MOTHER'S MAIDEN NAME: Emma Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: H ospital Admission Record

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 541.0
(A) G astric Hemorrhage)ct 30/55 — INTERVAL BETWEEN ONSET AND DEATH: 17 days

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) ~~Gastric Ulcer~~ Duodenal Ulcer
DUE TO (C) Surgical Operation Nov 9/55

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Coronary Thrombosis Nov 16/55 — 5 hours

19A. DATE OF OPERATION: Nov 9/55
19B. MAJOR FINDINGS OF OPERATION: Duodenal Ulcer-Multiple adhesions
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 30, 19 55 to Nov 16, 19 55 that I last saw the deceased alive on Nov 16/55, 19 ..., and that death occurred at 10.30 A.M., P.M. from the causes and on the date stated above.

SIGNATURE Dr Carlton Caldwell M. D. ADDRESS North East Maryland DATE SIGNED Nov 19, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): burial
DATE THEREOF: Nov 19
NAME OF CEMETERY OR CREMATORY: Elkton Cemetery
LOCATION (City, town, or county) (State): Elkton Md

DATE REC'D BY LOCAL REGISTRAR: Nov 19
REGISTRAR'S SIGNATURE: H Frager
23. FUNERAL DIRECTOR: Pippin Funeral Home
ADDRESS: Elkton

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

10713

10717 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 48 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Childs
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) John (Middle) HAYES (Last) GALLAHER
4. DATE OF DEATH (Month) 11 (Day) 13 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M.	White	Widower	10-10-1862	93 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Retired		Cecil Co Md.	U.S.A.

13. FATHER'S NAME: John Thomas Gallaher
14. MOTHER'S MAIDEN NAME: Hannah Amelia Hayes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No			A. Harlan Gallaher Elkton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

904.0
Immediate cause (a) Fracture Rt shoulder shock DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) & Cardiac Asthma DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☒ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Home.	21c. (City or town) Childs (County) Cecil (State) Md.
21d. TIME OF INJURY (Month) 11 (Day) 10 (Year) 55 (Hour) 5 P M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR? Fell in his home

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R L Dodson M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 11-13-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 16/55	Leeds,	Childs Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 16	J R Frazer	Pippin Funeral Home by [illegible] Pippin	Elkton Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10718

10718 CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Perry Point
LENGTH OF STAY (in this place) 5 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) PERRYMAN 12 X-2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) A (Last) GALT

4. DATE OF DEATH (Month) November (Day) 12 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: November 22, 1890

9. AGE last birthday 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Traffic Magr.

10B. KIND OF BUSINESS OR INDUSTRY: Aberdeen Prov. Grounds

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Ross Galt

14. MOTHER'S MAIDEN NAME: Ella Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH., Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

550.1

IMMEDIATE CAUSE (A) Bronchopneumonia, bilateral — INTERVAL BETWEEN ONSET AND DEATH: 1 - 2 Days

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) Peritonitis localized and diffuse. — 3 -10 Days

DUE TO

(C) Ruptured Appendix — Unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerosis, general, Moderate — Unknown.

19A. DATE OF OPERATION: 11-7-55

19B. MAJOR FINDINGS OF OPERATION: Appendiceal exploration with drainage of appendiceal abscess.

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that ~~X~~ VA attended the deceased from Nov. 7, 1955, to Nov. 12, 1955, ~~that I last saw the deceased alive on~~ ~~and that death occurred at~~ and that death occurred at 3:35 A M, from the causes and on the date stated above.

SIGNATURE J. C. Grasberger M.D. ADDRESS Acting Director, Professional Services, VAH., Perry Point, Md. DATE SIGNED 11/12/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal — DATE THEREOF 11-12-55 — NAME OF CEMETERY OR CREMATORY Piney Creek — LOCATION (City, town, or county) (State) Taneytown, Maryland

DATE REC'D BY LOCAL REGISTRAR 11-12-55 — REGISTRAR'S SIGNATURE Irene E. Dougherty

24. FUNERAL DIRECTOR Lester T. Grossnickle ADDRESS D.D. HARTZLER & SON, New Windsor, Maryland.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10719

10719 CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH
COUNTY: Cecil — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Town Point
LENGTH OF STAY (In this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: R. D.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Town Point
STREET ADDRESS (If rural give location): R. D.

3. NAME OF DECEASED (Type or Print): Pearl (First) May (Middle) Gorman (Last)

4. DATE OF DEATH: November 1, 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
F	Wh.	Married	Oct. 4, 1909	46 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife	House Work	Maryland	U.S.A.

13. FATHER'S NAME: Moletor

14. MOTHER'S MAIDEN NAME: Florence Brown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give wer or detes of service): 1

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mr. George E. Gorman, Town Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X IMMEDIATE CAUSE (A): GENERALIZED ABDOMINA CARCINOMATOSIS — INTERVAL BETWEEN ONSET AND DEATH: 3 MONTHS

ANTECEDENT CAUSE(S) DUE TO (B): CARCINOMA OF CECUM — 6 MONTHS

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C):

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
MAY 1955	CARCINOMA OF CECUM	YES ☐ NO ☑

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, ferm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 10, 1955, to Nov 1, 1955, that I last saw the deceased alive on Oct 31, 1955, and that death occurred at 1:15 P.M., from the causes and on the date stated above.

SIGNATURE: Stan Dorsey M.D. — ADDRESS (Street, city, town, state): Chesapeake City Md — DATE SIGNED: 11/1/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/3/55	Bethel Cemetery	R.D. Chesapeake City, Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
NOV 4 1955	MRS RALPH H REES	Pippin Funeral Home, Elkton, Md. M. A. Lusby

10720

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10720 Reg. Dist. 4C

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rural
LENGTH OF STAY (in this place) 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Elkton Rural
STREET ADDRESS RD 2 (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Ida (Middle) Ethel (Last) GREEN

4. DATE OF DEATH (Month) 11 (Day) 27 (Year) 1955

5. SEX: F. **6. COLOR OR RACE:** Col **7. SINGLE, MARRIED, WIDOWED, DIVORCED** (Write) Married **8. DATE OF BIRTH:** 3-13-1894 **9. AGE** Last birthday: 61 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Housework **10b. KIND OF BUSINESS OR INDUSTRY** Home **11. BIRTHPLACE** (State or foreign country): Salisbury Md. **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13. FATHER'S NAME: John Penkett

14. MOTHER'S MAIDEN NAME: Martha Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-24-6388

17. INFORMANT & ADDRESS: Julius Green Elkton RD 2 Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Diabetic Coma. — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: **19b. MAJOR FINDING OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. **21b. PLACE** (Home, farm, factory, street, office bldg., etc., OF INJURY **21c.** (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. **21e. INJURY OCCURRED** While at work ☐ Not while at work ☐ **21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. LeRoy Dodson M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 11-27-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 12/1/55 | NAME OF CEMETERY OR CREMATORY Bohemia Manor Cem. | LOCATION (City, town, or county) (State) Bohemia Manor Md.

DATE REC'D BY LOCAL REG. Nov 30 | REGISTRAR'S SIGNATURE F R Frazer | **24. FUNERAL DIRECTOR** Edw F Bell ADDRESS 909 Poplar St.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10721

10721 CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH

COUNTY: Cecil — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Port Deposit

LENGTH OF STAY (In this place): Life

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 00 Rock Run

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Cecil

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Port Deposit

STREET ADDRESS (If rural give location): Rock Run

3. NAME OF DECEASED (Type or Print): (First) Eva (Middle) Louise (Last) Griffin

4. DATE OF DEATH: (Month) Nov. (Day) 9, (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	Colored	Widowed	2-18-1876	79 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife	Own Home	Maryland	U S A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Hopkins	Alamanda Fard

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No		Oscar W. Mason, Port Deposit, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

334X IMMEDIATE CAUSE (A) Cerebral Sclerosis — INTERVAL BETWEEN ONSET AND DEATH: 3yrs

ANTECEDENT CAUSE(S) DUE TO (B) arteri - Sclerosis — 10yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chr. Myocarditis — 3yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 20 1952, to Nov-8, 1955, that I last saw the deceased alive on Nov-8 1955, and that death occurred at 1.07 P.M. from the causes and on the date stated above.

SIGNATURE: C. J. Henson M.D. — ADDRESS (Street, city, town, state): M. D. Port Deposit Md. — DATE SIGNED: Nov 9-1955

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-12-1955	Jones Memorial Cem.	Port Deposit, Md. Rural

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
11-12-55	Irene E. Daughty	Lee A. Patterson & Son Perryville, Md.

Walnut Scleroderma
Arteus - Scleroderma

Glu Nitroprusside

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10722

10722 CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Cecil MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point; LENGTH OF STAY (in this place) 1 mo. 14 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Darlington 12X-2; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) PHILLIP (Middle) H. (Last) HAINES

4. DATE OF DEATH: (Month) (Day) (Year) November 16 1955

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single

8. DATE OF BIRTH: 1-26-91

9. AGE last birthday 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY: unknown

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: David A. Haines

14. MOTHER'S MAIDEN NAME: Julie Stump

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X

IMMEDIATE CAUSE (A) Lung Tumor (cancer) bilateral diffuse — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-2, 1955, to 11-16, 1955, and that death occurred at 11:45 AM, from the causes and on the date stated above.

SIGNATURE W. OPPLER, Director, Professional Services M. D. ADDRESS VAH, Perry Point, Md. DATE SIGNED 11-16-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal; DATE THEREOF 11-16-55; NAME OF CEMETERY OR CREMATORY Hosanna; LOCATION (City, town, or county) (State) Darlington, Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 16 1955; REGISTRAR'S SIGNATURE Irene E. Daugherty

24. FUNERAL DIRECTOR H. S. Bailey Funeral Home, Darlington, Md. ADDRESS

10723

10723 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. .....

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS East Main

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rising Sun.
STREET ADDRESS (If rural, give location) East Main.

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) HORACE (Last) HAWLEY
4. DATE OF DEATH (Month) 11 (Day) 2 (Year) 1955

5. SEX: M
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 6-1-1877
9. AGE last birthday: 78 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Va.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: John B Hawley.
14. MOTHER'S MAIDEN NAME: Annie Mathews

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 220-18-5734
17. INFORMANT & ADDRESS: Della C Hawley Rising Sun Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
974X
Immediate cause (a) Strangulation DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Home
21c. (City or town) Rising Sun (County) Cecil (State) Md.
21d. TIME OF INJURY (Month) 11 (Day) 2 (Year) 55 (Hour) 12 noon M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Strangled.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE R L Dodson M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 11-3-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Nov 5 1955
NAME OF CEMETERY OR CREMATORY West Nottingham Cem
LOCATION (City, town, or county) Calvert, Cecil (State) Md.

DATE REC'D BY LOCAL REG. Nov 4-11-
REGISTRAR'S SIGNATURE L M Worthington
24. FUNERAL DIRECTOR J. E. Tyson, Rising Sun. Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

Dr. Bates

10724

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10714 # CERTIFICATE OF DEATH

Reg. Dist. No. 92

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton
LENGTH OF STAY (in this place): 27 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Union Hospital
MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton
STREET ADDRESS (If rural, give location): 108 Park Circle

21 65 21 1

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	James	W.	Hughes	Nov.	8	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	Wh	Married	7/22/1898	57 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Lawyer	Law	Washington D. C.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George B. Hughes	Mary Jane Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	219-18-0932	Gertrude Ruth Hughes 108 Park Circle Elkton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Edema	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Leukemia	10 years
	(c)	

204.4

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1945, to 11/8, 1955; that I last saw the deceased alive on 11/8/, 1955, and that death occurred at 3:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Herbert Bates M.D. Elkton Md 11/9/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/12/1955	Fairhill Manor Memorial Park	Elkton Rd Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Nov 11	A R Frazer	Pippin Funeral Home 259 E Main St. Elkton, Md.

W. A. Lusby

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10725

10724 CERTIFICATE OF DEATH

Reg. Dist. No. 9/

Item 1 Filed 189 11-22-55 et

1. PLACE OF DEATH: COUNTY Cecil County — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Warwick - Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middletown Del. (Rural)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) Wm. (Last) Jester

4. DATE OF DEATH: (Month) (Day) (Year) 11/11/55 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7/3/1884

9. AGE last birthday: 71 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Aaron F. Jester

14. MOTHER'S MAIDEN NAME: May Ann Jester

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Louise H. Jester Middletown, Del.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1777

Immediate cause (a) Carcinoma of prostate — Interval between onset and death: 4 months

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1st, 1955, to 11/11/, 1955, that I last saw the deceased alive on 11/11/55, 19..., and that death occurred at 6.15 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. D. Niles M.D. ADDRESS Middletown Delaware DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 11/14/55 — NAME OF CEMETERY OR CREMATORY: St. Annis Cemetery — LOCATION (City, town, or county) (State): Middletown Del.

DATE REC'D BY LOCAL REG.: Nov 14-1955 — REGISTRAR'S SIGNATURE: Mrs Ralph A Bell

24. FUNERAL DIRECTOR: A. Entenmanks — ADDRESS: Middletown Del.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

V5 A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10725

CERTIFICATE OF DEATH

10726

Reg. Dist. No. 96

1. PLACE OF DEATH

COUNTY: Cecil — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Perryville, Rural

LENGTH OF STAY (In this place): 5 yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 50 Coudon Farm

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Cecil

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Perryville, Rural X

STREET ADDRESS (If rural give location): Coudon Farm 1

3. NAME OF DECEASED (Type or Print): (First) Lola (Middle) Mae (Last) Johnson

4. DATE OF DEATH: (Month) 11 (Day) 19 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Write)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Married	Oct. 7, 1907	48 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife		North Carolina	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel Presnell	Mattie Coe

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No		Harry E. Johnson, Jr. Perryville, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

171X

IMMEDIATE CAUSE (A): Cancer of the Cervix — INTERVAL BETWEEN ONSET AND DEATH: 1 1/2 yrs

ANTECEDENT CAUSE(S) DUE TO (B):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C):

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
10/28/55	Rectal Obstruction Sec. to Frozen Pelvis	YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/26, 19 55, to 11/15, 19 55, that I last saw the deceased alive on 11/19, 19 55, and that death occurred at 1:00 P.M., from the causes and on the date stated above.

SIGNATURE Wallace H. Sadowsky M.D. — **ADDRESS** (Street, city, town, state) Perryville, Md — **DATE SIGNED** 11/19/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-22-1955	Principio	Principio Furnace, Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
11-19-1955	Irene E Humphreys	Vera Patterson & Son, Perryville, Md.

10726

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 10727

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton | LENGTH OF STAY (in this place) 1 7 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Elkton Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) DANIEL (Middle) ELMER. (Last) KEEN

4. DATE OF DEATH (Month) 11 (Day) 23 (Year) 1955

5. SEX: M | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower | 8. DATE OF BIRTH: 8-19-1869 | 9. AGE last birthday: 86 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Farmer | 10b. KIND OF BUSINESS OR INDUSTRY: Crop Farmer | 11. BIRTHPLACE (State or foreign country): Quarryville Pa. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Keen. | 14. MOTHER'S MAIDEN NAME: Catherine Brubaker.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: 220-12-6725 | 17. INFORMANT & ADDRESS: Genevieve Keen, Woodbridge N.J.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331X

Immediate cause (a) Cerebral Accident — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Pleural effusion

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY | 21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R C Cockran M. D. | CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ | DATE SIGNED 11-24-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF Nov 26/55 | NAME OF CEMETERY OR CREMATORY West Nottingham Cem | LOCATION (City, town, or county) (State) Colora, Cecil Md.

DATE REC'D BY LOCAL REG. NOV 24-55 | REGISTRAR'S SIGNATURE Lillian Mennington | 24. FUNERAL DIRECTOR C. E. Tyson. Rising Sun Md. | ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10728

10727 CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Perry Point
LENGTH OF STAY (in this place) 11yrs.8mo.3days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland 0102-2
STREET ADDRESS (If rural give location) Box 807

3. NAME OF DECEASED: (Type or Print) (First) CONSOR (Middle) (NMI) (Last) KIFER

4. DATE OF DEATH: (Month) November (Day) 17 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 11-11-93
9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Battery Worker
10B. KIND OF BUSINESS OR INDUSTRY: Automobile
11. BIRTHPLACE (State or foreign country): New Jersey
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Vernon Kifer
14. MOTHER'S MAIDEN NAME: Maria Chaney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

581.0
IMMEDIATE CAUSE (A) Bronchopneumonia, bilateral, unresolved — INTERVAL BETWEEN ONSET AND DEATH: 3 to 5 days
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Cirrhosis of the liver — unknown
902.7 DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Tuberculosis, bilateral, pulmonary, inactive — unknown; Fracture left femur, intertrochanteric — 5 days

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.): V.A. Hospital
21C. WHERE DID INJURY OCCUR? (City or town) Perry Point (County) Cecil (State) Md.
21D. TIME OF INJURY (Month) 11-12-55 (Day) (Year) (Hour) VA M.
21E. INJURY OCCURRED While at work [ ] Not while at work [X]
21F. HOW DID INJURY OCCUR? Patient fell out of bed. (Seizure ?)

22. I hereby certify that I attended the deceased from 3-14, 1944 to 11-17, 1955 and that death occurred at 4:05 PM, from the causes and on the date stated above.
SIGNATURE W. Oppler
W. OPPLER, Director, Professional Services M.D.
ADDRESS VAH, Perry Point, Md.
DATE SIGNED 11-18-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Removal
DATE THEREOF: 11-18-55
NAME OF CEMETERY OR CREMATORY: Unknown
LOCATION (City, town, or county) (State): Unknown Cleveland, Ohio

DATE REC'D BY LOCAL REGISTRAR: 11-18-55
REGISTRAR'S SIGNATURE: Irene E. Dougherty
24. FUNERAL DIRECTOR: Pennington & Son, Havre de Grace, Md.
ADDRESS

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10715

CERTIFICATE OF DEATH

10729

Reg. Dist. No. 9r

1. PLACE OF DEATH

COUNTY Cecil — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton

LENGTH OF STAY (in this place) 1 Day

HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Delaware COUNTY Newcastle

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton RD 2 46x-3

STREET ADDRESS (If rural give location) None

3. NAME OF DECEASED (Type or Print) (First) Grace (Middle) (Last) Kuhns

4. DATE OF DEATH (Month) Nov (Day) 23rd (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widow	Sept 22, 1894	61 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Practical Nursing	Hospitals	North East - Md	U.S.

13. FATHER'S NAME David Duling

14. MOTHER'S MAIDEN NAME Irene Kline

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S ADDRESS Bonnie Mae Maddox Elkton

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

174X IMMEDIATE CAUSE (A) General Recurrence - INTERVAL BETWEEN ONSET AND DEATH 5 mos.

ANTECEDENT CAUSE(S) DUE TO (B) Cancer of uterus Unknown

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 20 1955, to Nov 23 1955, that I last saw the deceased alive on Nov 23 1955, and that death occurred at 10:30 P.M., from the causes and on the date stated above.

SIGNATURE C. H. McKnight M.D. **ADDRESS** (Street, city, town, state) Elkton - Maryland **DATE SIGNED** 11-24-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 26/55	Gilpin Manor Memorial Pk	Elkton Md

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
11-25-55	E R Frazer	Gilpin Funeral Home By W Kenny Gilpin Elkton

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11404

10728 CERTIFICATE OF DEATH Reg. Dist. No. 97

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Bainbridge
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 51 U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bainbridge X
STREET ADDRESS (If rural give location) Center, Qtrs DD4, U.S. Naval Training

3. NAME OF DECEASED: (Type or Print) (First) PAUL (Middle) ALBERT (Last) LETOURNEAU

4. DATE OF DEATH: (Month) 11 (Day) 29 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: 8-18-53
9. AGE last birthday: 2 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ---
10B. KIND OF BUSINESS OR INDUSTRY: ---
11. BIRTHPLACE (State or foreign country): Bainbridge, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Paul Joseph Letourneau
14. MOTHER'S MAIDEN NAME: Irene Marie Jane Poulin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) --- (If Yes, give war or dates of service) ---
16. SOCIAL SECURITY NO. -----
17. INFORMANT & ADDRESS: Navy Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 057.0	(A) Acute pulmonary Edema	15 min.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Meningococci Meningitis & Meningococcemia	24 hrs.
	DUE TO (C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-28, 1955, to 11-29, 1955 that I last saw the deceased alive on 11-29, 1955, and that death occurred at 4:45A M, from the causes and on the date stated above.

SIGNATURE George J. O'Donnell LT MC USNR
ADDRESS GEORGE J. O'DONNELL, LT (MC) USNR M. D. USNH, Bainbridge, Md.
DATE SIGNED 11-29-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 11-30-55
NAME OF CEMETERY OR CREMATORY West Nottingham Cemetery
LOCATION (City, town, or county) (State) Colora, Maryland

DATE REC'D BY LOCAL REGISTRAR 11-29-55
REGISTRAR'S SIGNATURE Dorothy R. Brunk
24. FUNERAL DIRECTOR Leo A. Patterson
ADDRESS Port Deposit, Md

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10730

10716 CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton
LENGTH OF STAY (in this place) 2 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 65 Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City
STREET ADDRESS (If rural give location) X 1

3. NAME OF DECEASED: (Type or Print) (First) Etsel (Middle) Velma (Last) Lloyd

4. DATE OF DEATH: (Month) 11 (Day) 3 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 15, 1898

9. AGE last birthday 57 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work

10B. KIND OF BUSINESS OR INDUSTRY: House work

11. BIRTHPLACE (State or foreign country): Elliotts, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lewis Jarrett

14. MOTHER'S MAIDEN NAME: Elmira Ewell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mr. Carlton Lloyd

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X IMMEDIATE CAUSE (A) Metastatic carcinoma of chest — INTERVAL BETWEEN ONSET AND DEATH 6 months

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Carcinoma of right breast — 2 years

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1953, to Nov 3, 1955, that I last saw the deceased alive on Nov. 3, 1955 and that death occurred at 10 30 A M, from the causes and on the date stated above.

SIGNATURE H. Walter Davis M. D. ADDRESS Chesapeake City Md. DATE SIGNED 11/3/55

23. BURIAL, CREMATION, REMOVAL, (SPECIFY) Burial — DATE THEREOF 11/6/55 — NAME OF CEMETERY OR CREMATORY Bethel Cemetery — LOCATION (City, town, or county) (State) Chesapeake City Md.

DATE REC'D BY LOCAL REGISTRAR Nov 5 — REGISTRAR'S SIGNATURE H R Frazer

24. FUNERAL DIRECTOR H Walter Davis Jr ADDRESS Elkton, Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10731

10729

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY CECIL MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point
LENGTH OF STAY (in this place) 23yrs1mo.12days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE DELAWARE COUNTY NEW CASTLE
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) WILMINGTON 46X-3
STREET ADDRESS (If rural give location) 917 S. Brown Street

3. NAME OF DECEASED (Type or Print): (First) AUGUST (Middle) F. (Last) LULLY

4. DATE OF DEATH: (Month) (Day) (Year) November 19, 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: April 3, 1888

9. AGE last birthday: 67 yrs yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Adam Lully

14. MOTHER'S MAIDEN NAME: Anne (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Hospital Records, VAH., Perry Point, Md.

18. MEDICAL CERTIFICATION

002X

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Pneumonia lobar, left low., lobe with abcess formation	4 weeks
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST	DUE TO (B) Tuberculosis, pulmonary, bilateral, active.	Unk.
	DUE TO (C) Arteriosclerosis, generalized, severe.	Unk.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that VA ~~I~~ attended the deceased from Oct. 7, 1932, to Nov. 19, 1955, ~~that I last saw the deceased~~ ~~alive on~~, and that death occurred at 3:40A M, from the causes and on the date stated above.

SIGNATURE E. S. Ells, M.D. ADDRESS DATE SIGNED
E.S. ELLS, M.D., Acting, Director, Professional Services, VAH., Perry Point, Md. 11-19-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Removal

DATE THEREOF: 11-21-55

NAME OF CEMETERY OR CREMATORY: Cathedral Cemetery

LOCATION (City, town, or county) (State): Wilmington, Delaware

DATE REC'D BY LOCAL REGISTRAR: 11-21-1955

REGISTRAR'S SIGNATURE: Irene E. Daugherty

24. FUNERAL DIRECTOR: Pennington & Son ADDRESS
PENNINGTON & SON, Havre DeGrace, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

10732

2411 N. Charles Street, Baltimore

10730 CERTIFICATE OF DEATH

Reg. Dist. No. 94

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) George (Middle) S (Last) McKinney

4. DATE OF DEATH (Month) Nov. 7 (Day) (Year) 1955

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH May 20, 1915

9. AGE last birthday 40 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bridge carpenter

10b. KIND OF BUSINESS OR INDUSTRY Penn. R.R.

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Henry Elisha McKinney

14. MOTHER'S MAIDEN NAME Lillian May Murphy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY No. 218-03-0355

17. INFORMANT Mrs. George S. McKinney

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Pulmonary Oedema — Interval Between Onset and Death: 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Coronary occlusion — 1 day

(c) Myocarditis — 3 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 3, 1955, to Nov. 7, 1955, that I last saw the deceased alive on Nov. 7, 1955, and that death occurred at 1:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank Wallert M D Hancock Green Maryland 11/8/55

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 11-10-55

NAME OF CEMETERY OR CREMATORY North East Methodist Cem

LOCATION (City, town, or county) (State) North East, Md.

DATE REC'D BY LOCAL REG. Nov 9 - 1955

REGISTRAR'S SIGNATURE Sarah E. Rothermel

24. FUNERAL DIRECTOR ADDRESS Joseph R Grant North East Md

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10734

10731 # CERTIFICATE OF DEATH

Reg. Dist. No. 91

1. PLACE OF DEATH
COUNTY: Cecil — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Chesapeake City
LENGTH OF STAY (in this place): 6 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Morgan Nurseing Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Perryville
STREET ADDRESS (If rural give location): Aikin Ave.

3. NAME OF DECEASED (Type or Print): (First) Hannah (Middle) Porter (Last) McMullen

4. DATE OF DEATH (Month) (Day) (Year): Nov. 12, 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Sept. 30, 1865	90 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife	Own Home	Delaware	USA

13. FATHER'S NAME: William E.S. Barr

14. MOTHER'S MAIDEN NAME: Eliza J. Ford

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No		None	Edgar McMullen, Charlestown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1 IMMEDIATE CAUSE (A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 4 Days

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Chronic CV desease — 5 years
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 6, 1955, to Nov. 12, 1955, that I last saw the deceased alive on Nov. 11, 1955, and that death occurred at 3:45 A.M, from the causes and on the date stated above.

SIGNATURE: Hugh Davis M.D. — ADDRESS (Street, city, town, state): Chesapeake City — DATE SIGNED: Nov 12/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-15-1955	Pencader Presbyterian	Glasgow, Delaware

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
Nov 14 1955	MRS RALPH H REES	Lee a Patterson & Son	111 Perryville, Md.

10732 10733 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leeds. LENGTH OF STAY (In this place) Adlife
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Elkton RD 3.
STREET ADDRESS (If rural, give location) Leeds. 1

3. NAME OF DECEASED: (Type or Print) (First) RANDALL (Middle) W (Last) MILLER.
4. DATE OF DEATH (Month) 11 (Day) 20 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last birthday: yrs.	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
M.	White	Married	11-4-1864	78 22				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Paper maker.	Paper Mfg.	Leeds Md.	U S A.

13. FATHER'S NAME: Thomas S Miller
14. MOTHER'S MAIDEN NAME: Harriet Rose.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	213-05-6111	Edith Miller Elkton RD 3 Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

420.1 Immediate cause (a) Acute Coronary Occlusion

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE A. L. Woodson M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 11-20-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 23, 1955	Union Methodist Cemetery	Cecil County, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 21	F R Frazier	Ralph E Hicks	Bow & Stockton Sts. Elkton, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10735

10733 CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Cecil MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point; LENGTH OF STAY (in this place) 6yrs.9mo.5days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington; STREET ADDRESS (If rural give location) 615 - 3rd Street, N.W.

3. NAME OF DECEASED: (First) ANTON (Middle) W. (Last) NEUMEYER

4. DATE OF DEATH: (Month) November (Day) 6 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 7-3-90

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter-Ret.

10B. KIND OF BUSINESS OR INDUSTRY: Self-employed

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Fred A. Neumeyer

14. MOTHER'S MAIDEN NAME: Helen K. Ehlers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

141X

IMMEDIATE CAUSE (A) Pneumonia, bronchial, bilateral, unresolved — INTERVAL BETWEEN ONSET AND DEATH: 3 - 4 days

ANTECEDENT CAUSE (B) DUE TO Carcinoma tongue squamous, cell type — unknown

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerosis generalized severe — unknown

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-1, 1949 to 11-6, 1955, that I last saw the deceased alive on [illegible], and that death occurred at 3:40 P.M., from the causes and on the date stated above.

SIGNATURE W. Oppler — ADDRESS — DATE SIGNED

W. OPPLER, Director, Professional Services M. D. VAH, Perry Point, Md. 11-8-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal — DATE THEREOF 11-7-55 — NAME OF CEMETERY OR CREMATORY Arlington National — LOCATION (City, town, or county) (State) Arlington, Va.

DATE REC'D BY LOCAL REGISTRAR 11-10-55 — REGISTRAR'S SIGNATURE Irene E. Dougherty

24. FUNERAL DIRECTOR — ADDRESS Pennington & Son, Havre de Grace, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10734 **CERTIFICATE OF DEATH** Reg. Dist. No. 10736

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY CECIL MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) PERRY POINT
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS VA HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY DORCHESTER
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CAMBRIDGE 0913-2
STREET ADDRESS (If rural give location) 112 PINE STREET

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) H. (Last) PARKER

4. DATE OF DEATH: (Month) NOV. (Day) 18 (Year) 1955

5. SEX: MALE
6. COLOR OR RACE: NEGRO
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: 9-21-1886
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SALESMAN
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): SUSSEX COUNTY, VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DAVID PARKER
14. MOTHER'S MAIDEN NAME: GABRIELLA NEVERSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW 1
16. SOCIAL SECURITY NO. UNKNOWN
17. INFORMANT & ADDRESS: VA Hospital Records, Perry Point, Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE 540.1	(A) Bronchopneumonia, Bilateral, Unresolved	2-3 Days
ANTECEDENT CAUSE (S) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Peritonitis, localized and diffuse	2 -3 Weeks
DUE TO	(C) Ruptured gastric ulcer	2 -3 Weeks
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION: 11-7-55
19B. MAJOR FINDINGS OF OPERATION: Exploratory laparotomy and closure of perforated gastric ulcer.
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I X VA attended the deceased from Nov. 5, 1955, to Nov. 18, 1955 ~~xxxxxxxxxxxxxxxxxxxx~~ saw the deceased ~~xxxxxxxxxxxxxxxxxxxx~~, and that death occurred at 4:50 P.M, from the causes and on the date stated above.

SIGNATURE E. S. Ellis, M.D. ADDRESS Acting, Director, Professional Services, VAH., Perry Point, Md. DATE SIGNED 11-19-55

E.S.ELLIS, M.D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) REMOVAL
DATE THEREOF 11/23/1955
NAME OF CEMETERY OR CREMATORY Bethel Cemetery
LOCATION (City, town, or county) (State) CAMBRIDGE. MARYLAND

DATE REC'D BY LOCAL REGISTRAR 11/20/55
REGISTRAR'S SIGNATURE Irene E. Daugherty
24. FUNERAL DIRECTOR Herbert M. St. Clair, Jr. ADDRESS Cambridge, Md.
H.M.St.Clair, Funeral Director,

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

10735

10737

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 94

1. PLACE OF DEATH

COUNTY Cecil — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) North East. — LENGTH OF STAY (in this place) 13 years.

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md — COUNTY Cecil

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) North East.

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) — (First) WILLIAM — (Middle) ARTHUR — (Last) RAMBO

4. DATE OF DEATH (Month) 11 (Day) 25 (Year) 1955.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
M	W	Child	3.11.1942	13 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child. — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country) Elkton Md. — 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Edward William RAMBO — 14. MOTHER'S MAIDEN NAME Amanda Ann ATKINSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give wer or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT & ADDRESS

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

751X IMMEDIATE CAUSE (A) Paralytic Ileus — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) Spinal Cord degeneration — 13 years

DUE TO (C) Spina Bifida — 13 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Secondary anemia + chronic nephritis — 3-5 years

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) — 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. — 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ — 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11.18, 1955, to 11.25, 1955, that I last saw the deceased alive on 11.25, 1955, and that death occurred at 6:30 A.M, from the causes and on the date stated above.

SIGNATURE Peter Schuster M.D. — ADDRESS (Street, city, town, state) Elkton Md. — DATE SIGNED 11.25.55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	Nov 28 1955	BETHEL METHODIST	NORTH EAST CECIL Co. Md

24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE 11-26-55	Sarah E. Rothermel	Joseph R Grant	North East Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10736 10738

CERTIFICATE OF DEATH

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) rural ELKTON
MARYLAND LENGTH OF STAY (in this place) 15 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD#4, ELKTON, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ELKTON, Md.
STREET ADDRESS (If rural give location) RFD#4, ELKTON, Md.

3. NAME OF DECEASED: (Type or Print) (First) LEONA (Middle) S. (Last) SCHREIBER

4. DATE OF DEATH: (Month) 11 (Day) 6 (Year) 1955.

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MAR.

8. DATE OF BIRTH: March 26, 1889

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Lambertville, New Jersey

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Sherman

14. MOTHER'S MAIDEN NAME: Letitis Reigal

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 219-16-7015

17. INFORMANT & ADDRESS: Mr. Paul Crawford, R.F.D.#4 ELKTON, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) METASTATIC CHEST WALL CANCER — Interval Between Onset And Death: 3 yrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) CANCER of the UTERUS + — 3-8 yrs.

DUE TO (c) LEFT BREAST

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5.14.....,1954 to 11.6.....,1955, that I last saw the deceased alive on 11.6.....,1955 and that death occurred at 1 P.M., from the causes and on the date stated above.

SIGNATURE Peter Hunkin (Degree or title) M.D. ADDRESS ELKTON, Md. DATE SIGNED 11.7.55.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 11/10/1955

NAME OF CEMETERY OR CREMATORY Methodist Episcopal Cemetery

LOCATION (City, town, or county) (State) Williamstown N.J.

DATE REC'D BY LOCAL REGISTRAR Nov 9

REGISTRAR'S SIGNATURE H R Frazer

24. FUNERAL DIRECTOR Pippin Funeral Home ADDRESS 259 E Main St Elkton, Md

W. A. Lusby

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10737

CERTIFICATE OF DEATH

10739

Reg. Dist. No. 26

1. PLACE OF DEATH

COUNTY: Cecil — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Charlestown

LENGTH OF STAY (in this place): 10 Yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Cecil

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Charlestown

STREET ADDRESS (If rural give location): X

3. NAME OF DECEASED (Type or Print): (First) John (Middle) P. (Last) Stelle

4. DATE OF DEATH: (Month) Nov. (Day) 6 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	July 16, 1882	73 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Manufacturer, Owner, Retired.	Textile.	Maryland	U S A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Stelle	Lucy Glanville

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
	221-10-0130	Mary S. Stelle, Charlestown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332 X IMMEDIATE CAUSE (A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 41 days

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Generalized Arteriosclerosis — 10 years
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Prostatic Hypertrophy — 2 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
	—	—

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
— M.		—

22. I hereby certify that I attended the deceased from 26 Sept, 19 55, to 7 Nov, 19 55, that I last saw the deceased alive on 2 Nov, 19 55, and that death occurred at 8:55 P.M., from the causes and on the date stated above.

SIGNATURE Klaus H. Hueber M.D. — **ADDRESS** (Street, city, town, state) No. 44 East Rd — **DATE SIGNED** 7 Nov '55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-9-1955	Spring Hill Cemetery	Easton, Md.

24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE 11-9-1955	Irene E. Humphreys	Vera Patterson & Son	Perryville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10738 CERTIFICATE OF DEATH

10740

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ELKTON RD 2
LENGTH OF STAY (in this place) 6 yrs 6 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ELKTON (RURAL) 2
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) GRACE (Middle) Elizabeth (Last) Thompson

4. DATE OF DEATH: (Month) Nov (Day) 18 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 5 1919

9. AGE last birthday: 36 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New Jersey

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Thompson

14. MOTHER'S MAIDEN NAME: GRACE Elizabeth TERRY

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Robert L Thompson ELKTON RD 2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Generalized Carcinomatosis — Interval Between Onset And Death: 1 1/2 yr

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Carcinoma of the Breast. — 2 1/2 yrs.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6/5/53

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of left Breast with axillary metastasis

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/20, 1953, to 11/18, 1955, that I last saw the deceased alive on 11/17, 1955, and that death occurred at 6 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) C R. Donoho M.D ADDRESS Newark Del DATE SIGNED 11/19/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 11-21-55 NAME OF CEMETERY OR CREMATORY Cherry Hill meth. Cem LOCATION (City, town, or county) (State) ELKTON RURAL (2) Md.

DATE REC'D BY LOCAL REGISTRAR Nov 20 REGISTRAR'S SIGNATURE H Frazer

24. FUNERAL DIRECTOR Joseph R Grant ADDRESS North East, Md

VS. A15

Thornton

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10717

CERTIFICATE OF DEATH

Reg. Dist. No. 10741 97

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton,
LENGTH OF STAY (in this place) 7 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Warwick
STREET ADDRESS (If rural give location) 94y Lockerman's farm.

3. NAME OF DECEASED: (First) Kathryn (Middle) L (Last) Thornton
4. DATE OF DEATH: (Month) Nov (Day) 16 (Year) 19 55

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): single.
8. DATE OF BIRTH: June 11, 1908
9. AGE last birthday: 47 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cecilton, md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Thornton
14. MOTHER'S MAIDEN NAME: Mattie Meir

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs. Guy Lockerman - above address

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
416X IMMEDIATE CAUSE	(A) Hepato-renal failure	9 days
ANTECEDENT CAUSE (S) DUE TO	(B) Congestive Heart Failure	1 year
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	(C) Rheumatic Heart Disease	years.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 19 55 to Nov 16, 19 55 that I last saw the deceased alive on Nov 16, 19 55, and that death occurred at 6 10 a M, from the causes and on the date stated above.

SIGNATURE Wallace Oleinkain, MD M. D. ADDRESS Rising Sun Md DATE SIGNED Nov 16 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Nov 19, 1955
NAME OF CEMETERY OR CREMATORY Warwick Cem.
LOCATION (City, town, or county) (State) Warwick Md

DATE REC'D BY LOCAL REGISTRAR Nov 18
REGISTRAR'S SIGNATURE H B Frazer
24. FUNERAL DIRECTOR D. Walter Daniels
ADDRESS Middletown, Del

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10742

10739 CERTIFICATE OF DEATH Reg. Dist. No. 9C

1. PLACE OF DEATH:
COUNTY CECIL MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point
LENGTH OF STAY (in this place) 102 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE WASHINGTON, D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 47X-3
STREET ADDRESS (If rural give location) 324 First St. S.E.

3. NAME OF DECEASED: (Type or Print) (First) Paul (Middle) Ellsworth (Last) Torbert

4. DATE OF DEATH: (Month) (Day) (Year) November 20, 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: July 13, 1895

9. AGE last birthday 60 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Boilermaker

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Jersey Shore, Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James F. Torbert

14. MOTHER'S MAIDEN NAME: Sarah Burnett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 205 03 1038

17. INFORMANT & ADDRESS: VA Hospital Records, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

581.1

IMMEDIATE CAUSE (A) Lobar pneumonia right lower lobe — Terminal

ANTECEDENT CAUSE (S) DUE TO (A) Laennec's cirrhosis — Unknown

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) Multiple cyst of both kidneys — Unknown

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-10, 1955 to 11-20-, 1955 that I last saw the deceased alive on (1955), and that death occurred at 1:30 A M, from the causes and on the date stated above.

SIGNATURE W. OPPLER, M.D. ADDRESS Director of Professional Services VA Hospital, Perry Point, Md. DATE SIGNED 11-21-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal — DATE THEREOF 11-21-55 — NAME OF CEMETERY OR CREMATORY Not ascertainable — LOCATION (City, town, or county) (State) Jersey Shore, Pa.

DATE REC'D BY LOCAL REGISTRAR 11-22-55 — REGISTRAR'S SIGNATURE Irene E. Dougherty — 24. FUNERAL DIRECTOR Pennington & Son — ADDRESS

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10743

Items 13,14 Film G169 11-30-55 et

10740

CERTIFICATE OF DEATH

Reg. Dist. No. 97

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:

COUNTY Cecil MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bainbridge

LENGTH OF STAY (in this place) 1 mo.

HOSPITAL OR INSTITUTION OR STREET ADDRESS 51 U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Kent

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall 14x-2

STREET ADDRESS (If rural give location) R.R.#2 ✓

3. NAME OF DECEASED: (Type or Print) (First) VERNA (Middle) ADELL (Last) TUCKER

4. DATE OF DEATH: (Month) 11 (Day) 15 (Year) 1955

5. SEX: F

6. COLOR OR RACE: Cauc

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 9-30-02

9. AGE last birthday 53 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: ------

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Deceased Richard Harrison

14. MOTHER'S MAIDEN NAME: Deceased Adell Warren

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No **(If Yes, give war or dates of service)** --

16. SOCIAL SECURITY NO. -----

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260X

IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 21 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Diabetes Mellitus - 20yr Duration

DUE TO (C) Arteriosclerotic Hypertension.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-13, 1955, to 11-15, 1955 that I last saw the deceased alive on 11-15, 1955, and that death occurred at 8:15A M, from the causes and on the date stated above.

SIGNATURE W. A. Till MD — ADDRESS — DATE SIGNED

W. A. TILL, LT (MC) USNR — M. D. USNH, Bainbridge, Md. — 11-16-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal & Burial — **DATE THEREOF** 11-15-55 — **NAME OF CEMETERY OR CREMATORY** Wesley Chapel Cemetery — **LOCATION (City, town, or county) (State)** Rock Hall, Maryland

DATE REC'D BY LOCAL REGISTRAR 11-15-55 — **REGISTRAR'S SIGNATURE** Dorothy B. Trundle — **24. FUNERAL DIRECTOR** Edgar L. Lane — **ADDRESS** Church Hill, Md.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10744

10741 **CERTIFICATE OF DEATH**

Reg. Dist. No. 96

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Cecil — MARYLAND	STATE Maryland COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Port Deposit	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Port Deposit
LENGTH OF STAY (In this place) Life	STREET ADDRESS (If rural give location) Main, St.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Main St	

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Lulu	V. G.	Westerfield	Nov. 17 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	June 14, 1867	88 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife		Maryland	U S A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Lucius A. C. Gerry	Jane A. Vanneman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	None	Harry G. Westerfield, Rosemont, Pa.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 331 X IMMEDIATE CAUSE (A)	Cerebral Hemorrhage	2 days -
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B)	Arteri-Sclerosis.	12 yrs
DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	1st. Cerebral Hemorrhage (Hemiplegia Left Arm & Leg)	10 yrs 4 months

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1955, to Nov-17, 1955, that I last saw the deceased alive on Nov-17-, 1955, and that death occurred at 8.30 A. M, from the causes and on the date stated above.

SIGNATURE C. F. Johnson, M.D. ADDRESS (Street, city, town, state) Port Deposit, Md DATE SIGNED 11/18/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-20-1955	Hopewell Cemetery	Port Deposit, Md. Rural

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
11-19-1955	Irene E. Dougherty	Lee A. Patterson & Son, Perryville, Md.

RECEIVED

10742

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 10745

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 97

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bainbridge, Md
LENGTH OF STAY (in this place) 7 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS USNH BAINBRIDGE, Md

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Port Deposit
STREET ADDRESS (If rural, give location) #1 Granate Ave

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Avenell (Last) Wilson

4. DATE OF DEATH (Month) 11 (Day) 13 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 9-21-14

9. AGE last birthday: 41 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Waitress

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Logan, West Virginia

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Benjamine F. Nunley

14. MOTHER'S MAIDEN NAME: Nancy E. Elkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 302 05 2540

17. INFORMANT & ADDRESS: Port Deposit, Md
Clarence Thomas Nunley, Brother #1 Granate

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

E25X

Immediate cause (a) Fracture Skull — INTERVAL BETWEEN ONSET AND DEATH: 37 Min

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Highway RT #1

21c. (City or town) (County) Port Deposit, Conowingo, Cecil, Md (State)

21d. TIME OF INJURY (Month) 11 (Day) 12 (Year) 1955 (Hour) 1135 M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Automobile Accident, RT #1 near Conowingo Dam

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. L. Woodacre M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 11-13-1955

23. BURIAL, CREMATION, REMOVAL (Specify): Removal & Burial

DATE THEREOF 11-13-55

NAME OF CEMETERY OR CREMATORY Asbury Cemetery

LOCATION (City, town, or county) (State) Port Deposit, Md

DATE REC'D BY LOCAL REG. 11-14-55

REGISTRAR'S SIGNATURE D. Bramble

FUNERAL DIRECTOR Lewis Patterson & Son

ADDRESS Perryville, Md.

RECEIVED

NOV 21 1955

BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10746

10743

CERTIFICATE OF DEATH

Reg. Dist. No. 97

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton rural
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Samuel (Middle) W. (Last) Wilson
4. DATE OF DEATH: (Month) 11-28 (Day) (Year) 1955
5. SEX: male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed
8. DATE OF BIRTH: 2-15-1876
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer ret
10B. KIND OF BUSINESS OR INDUSTRY: Farm owner
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John Wilson
14. MOTHER'S MAIDEN NAME: Maggie Enwhistle
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Miss Mrytle Wilson Elkton, Md

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.1 IMMEDIATE CAUSE	(A) acute Myocardial infarction	5 hours.
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Coronary arteriosclerosis	5 yrs.
	DUE TO	
	(C) Generalized arteriosclerosis	10 years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 7, 1955, to Nov 28, 1955, that I last saw the deceased alive on 11/28/55, 19..., and that death occurred at 3a. M, from the causes and on the date stated above.

SIGNATURE Wallace E Thurston M.D. ADDRESS Newark Del DATE SIGNED 11/29/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 11-30-1955
NAME OF CEMETERY OR CREMATORY Union Methodist
LOCATION (City, town, or county) (State) Elkton, Cecil Co Rd Md

DATE REC'D BY LOCAL REGISTRAR Nov 29
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR Joseph R Grant ADDRESS North East, Md